P05000074794

| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| (Business Elitity Name) |
| |
| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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none Change

06/30/09--01019--012 **43.75

SECRETARY OF STATE
TALLAHASSEE, FI ORIO 2

AIR 117/09

COVER LETTER

TO: Amendment Section
Division of Corporations

| NAME OF CORPORAT | TION SURFSIDE S | SHUTTERS EXPRESS INC | , |
|--|--|--|---|
| DOCUMENT NUMBER | R:P0 | 5000074794 | |
| The enclosed Articles of | A <i>mendment</i> and fee a | are submitted for filing. | |
| Please return all correspon | ndence concerning th | is matter to the following: | |
| | v | TRU IODES | |
| | | IRK LOPEZ of Contact Person) | |
| | (Name | of Contact Person) | |
| | · (Fi | rm/ Company) | · |
| | • | | |
| | 312 SO. D | DIXIE HWY STE 104 | |
| | • | (Address) | |
| | v | | |
| | JUPI | TER FL 33458 | |
| | (City/ S | itate and Zip Code) | ···· |
| For further information co | oncerning this matter, | please call: | |
| KIRK LOPEZ | · | at (<u>561</u>) 74 8 60 | |
| (Name of Con | tact Person) | (Area Code & Daytime | Telephone Number) |
| Enclosed is a check for the | e following amount: | | |
| | 43.75 Filing Fee & ertificate of Status | Certified Copy (Additional copy is enclosed) | ☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Mailing Address Amendment Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32 | rations | Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Cir Tallahassee, FL 32301 | rele |

Articles of Amendment to Articles of Incorporation of

FILED
2009 JUN 30 AM 10: 48
TALLAHASSEE.FLORIDA

SURFSIDE SHUTTERS EXPRESS INC

| (Name-of corporation as currently filed with the Florida Dept. of State) |
|--|
| P05000074794 |
| (Document number of corporation (if known) |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation: |
| NEW CORPORATE NAME (if changing): |
| PROGRESSIVE HOME HEALTH CARE INC. |
| (Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") (A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.") |
| AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC) |
| |
| • , |
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| |
| (Attach additional pages if necessary) |
| If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) |
| |
| |

(continued)

| The date of each amendment(s | s) adoption: JUNE 29 2009 | | |
|--|---|--|--|
| · Effective date if <u>applicable</u> : | <u> </u> | | |
| (no more than 90 days after amendment file date) | | | |
| Adoption of Amendment(s) | (CHECK ONE) | | |
| | vas/were approved by the shareholders. The number of votes cast for the shareholders was/were sufficient for approval. | | |
| | vas/were approved by the shareholders through voting groups. The must be separately provided for each voting group entitled to vote uendment(s): | | |
| "The number of v | votes cast for the amendment(s) was/were sufficient for approval by | | |
| | (voting group) | | |
| The amendment(s) wand shareholder action | vas/were adopted by the board of directors without shareholder action on was not required. | | |
| The amendment(s) we shareholder action we | vas/were adopted by the incorporators without shareholder action and vas not required. | | |
| DATE 29 DAY OF | JUNE 2009 | | |
| selecte | rector, president or other officer - if directors or officers have not been ed, by an incorporator - if in the hands of a receiver, trustee, or other court sted fiduciary by that fiduciary) | | |
| | KIRK LOPEZ | | |
| | (Typed or printed name of person signing) | | |
| | PRESIDENT | | |
| | (Title of person signing) | | |

FILING FEE: \$35